

# Several sources needed for asbestos healthcare

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A community health trust for asbestos victims may have to come from several sources of funding and not just one, according to Kerry Beasley, president of the local hospital board of trustees.

Beasley, who is also a member of the Citizens Advisory Group for asbestos issues, is also working with the task force to save the Stimson Lumber Co. mill in Libby and perhaps tie a health-care funding mechanism to stumpage fees.

"This is only one source of fuel," Beasley said of the stumpage fee idea. "It's an option and you can do the math on timber receipts."

It won't be enough, she said. "The message we got from Washington, D.C., was it has to come from the general fund portion of timber receipts and not the 25 percent allocated for schools and roads," Beasley said. "It's not enough."

No one is sure how much money is needed to create a community health trust. Beasley and other members of a local committee were awaiting a report

from the Agency for Toxic Substance and Disease Registry that would help them determine the size and extent of a community trust.

"First of all, it would be really nice to know how big a number we are talking about," Beasley said.

During the past year and a half, various groups in the community studying the problem have identified the need for a community healthcare endowment of \$550 million. When the total is questioned, people admit to not really knowing.

Beasley said the community does

have some numbers that can be used as a start.

ATSDR spent \$7,054,913 for health screenings in 2000 and 2001. The federal agency screened 7,307 people in two years. Neither federal nor state health officials anticipate having to screen as many people in the future.

W.R. Grace's health plan has laid out \$1,493,394 since beginning the program in 2000, according to Alan Stringer, the company's representative in Libby. The plan has spent an

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additional \$332,696 on prescription drugs.

"These numbers will give the community a sense of how the Health Community/Health Forests will not cover the costs alone," Beasley said.

Libby area asbestos victims will need healthcare treatment for the next 30 to 60 years, local officials have said.

Beasley notes that in just over two years, asbestos-related healthcare in Libby has cost about \$9 million.

Dr. William Spence, the state medical officer, has submitted a grant proposal to ATSDR for a five-year screening proposal. Screenings would be made available to people year-round under Spence's proposal. It also includes new screenings and a monitoring of people screened earlier but not diagnosed with an asbestos-related disease.

That portion of the healthcare appears to be spoken for, Beasley said.

"We still need to support other options such as community-based trust, a national White Lung program, a government appropriation and pharmaceutical research," she said.

Recently, U.S. Sen. Max Baucus, who has been heavily involved in the Libby asbestos problem, asked the director of the Congressional Research Service for information on a White Lung Trust similar to the existing Black Lung program for coal miners.

The national Black Lung program spent \$1.5 billion in the 1996 fiscal year but it includes more than just medical healthcare benefits.

"Obviously, we would have the benefit of looking at the history of this program and shoring up weak points and building on its strong points," Beasley said. "Whatever vehicle we are able to develop, it must have a funding mechanism that has security into the future, the fund must be protected from tort claims, the vehicle must provide for patient choice of provider for services and it must be for services and it must be for care as opposed to the Libby area."

Gov. Judy Martz has appointed a committee to look into the options for an asbestos health-care program. There are statewide concerns that the growing number of claims will cause widespread problems for healthcare programs.

The White Lung proposal has caught the governor's attention, said adviser Todd O'Hair.

"Unfortunately, Libby is at the front of a large snowball that is gathering across the country," he said via telephone to the task

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force. "The fear is it will dwarf the black lung program."

Locally there is concern that it may not be responsive to local needs.

"The biggest fear is there are supposedly 400,000 people diagnosed with asbestos-related disease according to the asbestos companies," said Gayla Benefield, the Libby advocate for asbestos victims. "A one size fits all program is not going to work."

Shipyard workers suffering with asbestos-related disease were exposed to chrysotile asbestos and have a different disease, she said. Libby victims are suffering from exposure to tremolite, which causes a more progressive disease.

Plus, in cases of most chrysotile victims, the problem was with the workers. In Libby, the workers brought home the problem on their clothing and infected their whole family.

"We have generational cases where the workers brought it home," Benefield said. "That's something not seen anywhere else."

"We need a program set up for all people exposed to Libby's tremolite," Benefield continued.

"I'm concerned that the federal government is going to create this program and if it doesn't work, we can't go back to that well," she said.

A program that fits the needs of Libby would not be a "size that fits everyone else," she said.

"This fiber needs its own identity and these people need their own plan," Benefield concluded.

Benefield is also concerned that the burden is being put on the federal government and not the responsible party - W.R. Grace.

Beasley recognizes the possibility of Libby's needs being overlooked in a national discussion. She said it means the community has to remain actively involved in the White Lung discussion.

One of the aspects of a community health trust that worries Beasley is administering the health program.

"Having a pot of money is not enough," she said. "You have to be able to distribute it and that's the attractiveness of a White Lung type program."

Any program created has to allow the patient a choice of provider and the program has to be portable - it goes with the patient.

In addition, an asbestos health plan has to provide: primary care, specialty care, screening and monitoring, acute hospitalization, long-term care, prescriptions, home healthcare, mental healthcare, respite care and research.

"We need a number that covers all of that," Beasley said.

Pharmaceutical and health research could contribute to a community trust by conducting studies within the community, she said.

And there are some corporate foundations that might be interested in contributing to a trust. But a federal appropriation would seem to be in the more distant future, Beasley said.

"That train has already left for federal appropriations this year," she said.